



## OTEZLA PA SUMMARY

**MEDICATION:** Otezla (apremilast)

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

- ❖ Approvable for members 18 years of age or older with active psoriatic arthritis who have tried at least two preferred disease modifying antirheumatic drug (DMARD) and failed to achieve an adequate response.
- ❖ Approvable for members 18 years of age or older with moderate to severe plaque psoriasis who have tried phototherapy and two preferred systemic therapies and failed to achieve an adequate response.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

**PA and Appeal Process:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**Quantity Level Limitations:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.